

13 CV 8202

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11/14/08  
PRO SE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Charles Lloyd

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

P.O. Michael McAvoy

SGT. Thomas Sabbio

Gregory Clarke

police Commissioner

Raymond Kelly

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you  
cannot fit the names of all of the defendants in the space provided,  
please write "see attached" in the space above and attach an  
additional sheet of paper with the full list of names. The names  
listed in the above caption must be identical to those contained in  
Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Charles Lloyd  
ID # 541-13-00597  
Current institution Rikers Island 18-18  
Address Hazen St. East Elmhurst N.Y.  
11370 C-95

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Michael McAvoy Shield # 15100  
Where Currently Employed 120 Precinct 78  
Address Richmond Terrace 2320 Hylan  
boulevard 116 main ST. S.I. N.Y.  
10301.

Defendant No. 2

Name Thomas Sabbio TAX# 937463  
Shield # \_\_\_\_\_  
Where Currently Employed 120 Precinct 78 Richmond  
Address Terrace 2320 Hyland boulevard  
116 main ST. S.I. N.Y. 10301

Defendant No. 3

Name Gregory Clarke Esq Shield # \_\_\_\_\_  
Where Currently Employed The legal aid Society  
Address 60 Bay ST. Staten Island  
N.Y. 10301.

Defendant No. 4

Name Raymond Kelly Shield # \_\_\_\_\_  
Where Currently Employed 1 police plaza - room  
Address S-20 STREET level OF police  
headquarters N.Y. N.Y. 10038

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

\_\_\_\_\_

B. Where in the institution did the events giving rise to your claim(s) occur?

\_\_\_\_\_

\_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur?

April 15 Th 2013